



SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Procurement Department

P.O. Box 24680

West Palm Beach, FL 33416-4680

FOR SFWMD USE ONLY

Vendor No. _____

Date Entered _____ Entered By _____

Form #0661

Revised 05/04/01

BUSINESS REGISTRATION APPLICATION

Check those that apply to your firm:

- | | | | | |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> New application | <input type="checkbox"/> A Florida based firm | <input type="checkbox"/> Gov't Agency (02) | <input type="checkbox"/> Utility (06) | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Revised application | <input type="checkbox"/> A USA non-Florida based firm | <input type="checkbox"/> College (03) | <input type="checkbox"/> Trust Fund (09) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Not A USA firm | <input type="checkbox"/> Non-Profit (04) | <input type="checkbox"/> Membership (05) | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Individual |

Insert FEID number or Social Security number by which business is conducted.

FEID #		Social Security Number	
Company Name			
Company Short Name (if applicable)			
Parent Company Name or DBA (if applicable)			
Mailing Address			
City		State	Zip
County		Country (If not a USA firm)	
Remittal Address (If different than mailing address)			
City		State	Zip
County		Country (If not a USA firm)	
Business Contact Person			
Phone Number		Fax Number	E-Mail Address
Billing Contact Person			
Phone Number		Fax Number	E-Mail Address

In this section, **MAKE ONLY ONE (1) SELECTION** that best describes your company

- | Business Classification | So. Fla Water Mgmt District
Certified | Minority-Owned but not certified by the So. Fla
Water Mgmt District | Non-Profit Organization |
|---|--|--|--|
| <input type="checkbox"/> Non-Minority (D) | <input type="checkbox"/> African American (B) | <input type="checkbox"/> African American (I) | <input type="checkbox"/> 51% or more Minority Board of Directors (P) |
| <input type="checkbox"/> Small Business-State* (G) | <input type="checkbox"/> Hispanic American (H) | <input type="checkbox"/> Hispanic American (J) | <input type="checkbox"/> 51% or more Minority Officers (Q) |
| <input type="checkbox"/> Small Business-Federal (O) | <input type="checkbox"/> Asian American (A) | <input type="checkbox"/> Asian American (K) | <input type="checkbox"/> 51% or more Minority Community Served (R) |
| | <input type="checkbox"/> Native American (N) | <input type="checkbox"/> Native American (L) | <input type="checkbox"/> Other Non-Profit (S) |
| | <input type="checkbox"/> A merican Woman (F) | <input type="checkbox"/> American Woman (M) | |

* Described as employing 200 or fewer full time employees; together with its affiliates has a net worth of not more than \$5 million; and is domiciled in the State of Florida

List <u>ONLY</u> those codes for the commodities/services directly supplied by your organization				

List <u>ONLY</u> those codes for the commodities/services your firm DOES NOT OFFER but you wish to receive notice.				

Use additional sheets if more codes are needed.

Prompt Payment Terms:

- | | | | | | |
|-------------------------------------|-------------------------------------|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> 1%-10 days | <input type="checkbox"/> 2%-10 days | <input type="checkbox"/> Net 30 | <input type="checkbox"/> 1% 10th Prox | <input type="checkbox"/> 2% 10th Prox | <input type="checkbox"/> Other |
|-------------------------------------|-------------------------------------|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------|